Government of West Bengal
Health & Family Welfare Department

Nipah virus infection: Guideline for Chemo-prophylaxis & Treatment
(14/01/2026)

Risk Categorization of Contacts & Follow-up

Risk Category	Exposure Description	Follow-up & Action
HIGH RISK	• Any contact with body fluids (blood, urine, vomitus, saliva, respiratory secretions etc) of either a confirmed case or a probable case who died without a lab confirmation of Nipah • Spent time in closed proximity or closed space exposure ≥ **12 hours**	**Asymptomatic:** • Home quarantine for 21 days • Active surveillance by health worker **twice daily** for symptoms using standardized checklist **Symptomatic** Fever or any symptoms suggestive of Nipah infection (Severe fatigue, Muscle pain, Headache, Vomiting, Altered mental status, Convulsion, Cough, Respiratory distress, Diarrhoea) • **Immediate admission** to designated isolation unit • Collection of samples for testing at the earliest.
LOW RISK	• Touching clothes, linens, fomites • Casual physical contact without body fluid exposure	**Asymptomatic:** • Under observation for 21 days from last exposure • Daily telephonic follow-up for symptoms using standardized checklist **Symptomatic:** • **Immediate admission** to designated isolation unit. • Collection of samples for testing at the earliest.

NB: Chemo-prophylaxis to be considered for close contacts and high risk caregivers without adequate protection. (See below).

Caregivers with adequate personal protection are not contacts and don't require any specific measure.

	Asymptomatic	Symptomatic

Low Risk	• Under observation for 21 days from last exposure.
	• No test required at the end of observation.
		• Admission and isolation
		• Start IV Remdesivir + Oral Ribavirin
		• Send sample for RT-PCR
		  ○ RT-PCR negative twice 24 hours apart- discontinue
		  ○ RT-PCR positive- treat as a case

High Risk	• Home quarantine for 21 days from last exposure. • Start chemoprophylaxis: Ribavirin or Favipiravir • No test required at the end of quarantine if remain asymptomatic.	

- If a contact becomes symptomatic during home quarantine, he/she should be admitted and treated as a symptomatic case.
- Health care workers with low risk exposure and remaining asymptomatic may perform work with adequate personal protection including N95 mask.

Dose of Ribavirin for prophylaxis: 600 mg orally BD for 14 days

Treatment

Symptomatic and RT-PCR positive cases should start treatment with antivirals.

Remdesivir + Ribavirin/Favipiravir

Drug dosage

Ribavirin (oral)

Loading: 2 gm Stat
Maintenance: 1.2 gm BD for next 9 days.
Max Dose: 4 gm/day. Total duration: 10 days.

Favipiravir (oral)

Loading: 1600 mg BD (on day 1)
Day 2-10: 800 mg BD.
Total duration: 10 days.
Same dose may be used as prophylaxis.

Injection Remdesivir (IV)

Preparation: Dissolve in 250 ml Normal Saline. Administer IV over 1 hour.

Patient Weight / Age	Loading Dose (Day 1)	Maintenance (Day 2-10)	Total Duration
Weight > 40 kg	200 mg	100 mg OD	10 Days
3 to < 40 kg, ≥28 days)	5 mg/kg	2.5 mg/kg OD	10 Days
1.5 to < 3 kg, ≥28 days)	2.5 mg/kg	1.25 mg/kg OD	10 Days
≥1.5 kg, < 28 days	2.5 mg/kg	1.25 mg/kg OD	10 Days

Monoclonal antibody

For Nipah virus, it may be considered in case-to-case basis with ethical permission after expert committee opinion as per trial methodology.

Supportive care

Should involve critical care expert and neurologist as well as other experts for appropriate comorbidity management.

Discharge & Follow-up Protocols

Repeat testing for positive RT-PCR cases:

Every 5 days interval after completion of antiviral therapy.

Discharge criteria: (both must be fulfilled)

1. Clinically stable
2. Two consecutive (24 hours apart) RT-PCR negative reports for all 3 samples (throat swab, urine & blood).

Follow-up

Patient should be kept under regular clinical follow-up till 90 days.

Acknowledgement:

Dr Yogiraj Ray	Dr Ayan Basu	Dr Soumendra Nath Haldar	Dr Dipankar Pal	Dr Pritam Roy
Infectious Disease Specialist, Dept. of Health & FW				WHO (NTD)

Director of Medical Education

Director of Health Services